



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)	
)	Examiner: Sellers, Robert E.
Parker, Harry W. et al.)	
)	Art Unit: 1712
Serial No.: 10/754,015)	
)	Confirmation No.: 7136
Filed: January 8, 2004)	
)	Customer No.: 00112
For: CASTOR OIL/EPOXIDIZED)	
SOYBEAN OIL BASED)	Docket No.: 0225
ELASTOMERIC COMPOSITIONS)	

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT AND RESPONSE

Sir:

This is in response to the Office Action mailed November 15, 2005 in the above-identified application. Please amend the above-identified application as follows:

Amendments to the Specification: None

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Amendments to the Drawings: None

Remarks/Arguments begin on page 8 of this paper.

IFW

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 0225	
Applicant(s): Parker et al.					
Application No. 10/754,015	Filing Date 1/8/2004	Examiner Sellers, Robert E.	Customer No. 00112	Group Art Unit 1712	Confirmation No. 7136
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> RECEIVED DEC 16 2005 PATENT & TRADEMARK OFFICE </div> <div> INVENTION: CASTOR OIL/EPOXIDIZED SOYBEAN OIL BASED ELASTOMERIC COMPOSITIONS </div> </div>					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	38 -	70 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	1 -	5 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 012400 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
<div style="text-align: center;"> Signature </div>			Dated: December 14, 2005		
Douglas E. Winters Reg. No. 29,990			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <div style="text-align: center;"> 12/14/2005 (Date) </div> <div style="text-align: center; margin-top: 20px;"> Signature of Person Mailing Correspondence </div> <div style="text-align: center; margin-top: 10px;"> Linda A. Harnish Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					